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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number 22253-67116 PCT US	
<input type="checkbox"/> Declaration Submitted with Initial Filing		<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	
COMPLETE IF KNOWN		First Named Inventor CIVAN	
		Application Number 10/009,581	
		Filing Date 06 November 2001	
		Group Art Unit 	
		Examiner Name 	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS FOR CONTROLLING INTRAOCULAR PRESSURE

the specification of which

☐ is attached hereto

OR

☒ was filed on 05/08/2000 as United States Application Number _____ or PCT International Application Number PCT/US00/12551 and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designed at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/133,180 ✓	05/07/1999 ✓	

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DECLARATION - Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number 27730 OR ☒ Correspondence address belowName Evelyn H. McConathy, EsquireAddress Dilworth Paxon LLPAddress 3200 Mellon Bank Center, 1735 Market StreetCity PhiladelphiaState PAZip 19103

Country

Telephone

Fax

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Evelyn H. McConathy Reg. No. 35,279

[] I hereby appoint the practitioner(s) associated with Customer Number _____ to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

[] Attached, as part of this Declaration and Power of Attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Mortimer M.CIVANInventor's Signature Mortimer CivanDate 11/6/2001Residence: City 1238 Knox Road PAState PACountry USCitizenship US

Mailing Address

Mailing Address

City WynnewoodState PAZip 19096Country US**NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

MACKNIGHTAnthony D.

Inventor's Signature

Date

Residence: City 6 Tui Street

State

Country NZCitizenship NZMailing Address Saint Leonards

Mailing Address

City Dunedin

State

Zip

Country NZ☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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Mortimer M.CIVAN

Inventor's Signature

Date

Residence: City 1238 Knox RoadState PACountry USCitizenship US

Mailing Address

Mailing Address

City WynnewoodState PAZip 19096Country US**NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventor

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Family Name or Surname

MACKNIGHTAnthony D.Inventor's Signature A. MacknightDate Nov 8, 2001Residence: City 6 Tor Street NZX

State

Country NZCitizenship NZMailing Address Saint Leonards

Mailing Address

City Dunedin

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